



01-29-07

PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Cofc

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/517,578
	Filing Date	December 9, 2004
	First Named Inventor	Naresh Kumar Mohindra
	Art Unit	3764
	Examiner Name	Matthew, Fenn C.
Total Number of Pages in This Submission	Attorney Docket Number	CSTL0003-100 157737

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorization Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee Transmittal, Request for Certificate of Correction, Certificate of Correction Form PTO/SB/44; authorization to charge deposit account no. 50-1275 in the amount of \$100.00
Remarks Express Mail Label No. EV513558370US Date of Deposit:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Cozen O'Connor		
Signature			
Printed Name	Michael B. Fein		
Date	Reg. No.	25,333	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	MB Fein		
Typed or printed name	Date	1/26/07	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEB 1 2007

EV513558370US

Certificate
JAN 31 2007
of Correction



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 100.00**Complete if Known**

Application Number	10/517,578	
Filing Date	December 9, 2004	
First Named Inventor	Naresh Kumar Mohindra	
Examiner Name	Matthew, Fenn C.	
Art Unit	3764	Confirmation No. 1345
Attorney Docket No.	CSTL0003-100 (157737)	

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____☒ Deposit Account Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity**Fee (\$)**

50 25

200 100

360 180

Total Claims**Extra Claims****Fee(\$)****Fee Paid (\$)**

- HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)****Indep. Claims****Extra Claims****Fee(\$)****Fee Paid (\$)**

- HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Certificate of Correction - Applicant errors**Fees Paid (\$)**

100.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	25,333	Telephone	215-665-7244
Name (Print/Type)	Michael B. Fein	Date	1/26/07		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

1 2007



DOCKET NO: CSTL-0003-100 157737

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of Naresh Kumar Mohindra

Patent No: 7,156,774

Issued: January 2, 2007

Serial No.: 10/517,578

Filed: December 9, 2004

Examiner: Matthew, Fenn C.

Art Unit: 3764; Confirmation No.: 1345

Title of Invention: REDUCING FACIAL AGING AND APPLIANCE THEREFOR

EXPRESS MAIL LABEL NO: EV513558370US

DATE OF DEPOSIT:

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attention: Decision and Certificate of Correction
Branch of the Patent Issue Division

REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT
FOR APPLICANT'S MISTAKE (37 CFR 1.323)

1. An error appears in this patent of a

- ☐ clerical
☐ typographical
☒ minor

nature or character as more fully described below and occurred in good faith and correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination and a Certificate of Correction is requested.

2. Attached in duplicate is PTO/SB/44 with at least one copy being suitable for printing.

3. Correction of the Official Letters Patent is respectfully requested in view of the following text which appears in the application file:

On the first page, in the ABSTRACT, the 6th line should read:

FEB 1 2007

01/29/2007 SSESHE1 00000024 501275 7156774

01 FC:1811 100.00 DA

i) a first layer (2) formed of a durable, resilient, elastomeric

Column 7, line 44 should read:

i) a first layer formed of a durable, resilient, elastomeric

4. Please send certificate to:

Name: Michael B. Fein, Esq.
Address: Cozen O'Connor, P.C.
1900 Market Street
Philadelphia, PA 19103
(215) 665-2000

5. Please pay the fee of \$100.00 as required by 37 CFR § 1.20(a) as follows:

- ☐ enclosed is a check in the amount of \$100.00
☒ charge Deposit Account No. 50-1275 in the sum of \$100.00. A copy of this request is attached for this purpose.

Respectfully submitted,

Michael B. Fein

Michael B. Fein
Registration No. 25,333

Enclosure: Form PTO/SB/44 (in duplicate)

Dated: 11/26/07

Cozen O'Connor, P.C.
1900 Market Street
Philadelphia, PA 19103
(215) 665-4622
(215) 665-2100

FEB 1 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of **Naresh Kumar Mohindra**Patent No: **7,156,774**Issued: **January 2, 2007**Serial No.: **10/517,578**Filed: **December 9, 2004**Examiner: **Matthew, Fenn C.**Art Unit: **3764**; Confirmation No.: **1345**Title of Invention: **REDUCING FACIAL AGING AND APPLIANCE THEREFOR****EXPRESS MAIL LABEL NO: EV513558370US****DATE OF DEPOSIT:**

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attention: Decision and Certificate of Correction
Branch of the Patent Issue Division

**REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT
FOR APPLICANT'S MISTAKE (37 CFR 1.323)**

1. An error appears in this patent of a

- ☐ clerical
☐ typographical
☒ minor

nature or character as more fully described below and occurred in good faith and correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination and a Certificate of Correction is requested.

2. Attached in duplicate is PTO/SB/44 with at least one copy being suitable for printing.
3. Correction of the Official Letters Patent is respectfully requested in view of the following text which appears in the application file:

On the first page, in the ABSTRACT, the 6th line should read:

FEB 1 2007

i) a first layer (2) formed of a durable, resilient, elastomeric

Column 7, line 44 should read:

i) a first layer formed of a durable, resilient, elastomeric

4. Please send certificate to:

Name: Michael B. Fein, Esq.
Address: Cozen O'Connor, P.C.
1900 Market Street
Philadelphia, PA 19103
(215) 665-2000

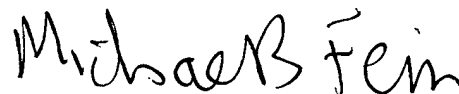
5. Please pay the fee of \$100.00 as required by 37 CFR § 1.20(a) as follows:

☐
☒

enclosed is a check in the amount of \$100.00

charge Deposit Account No. 50-1275 in the sum of \$100.00. A copy of this request is attached for this purpose.

Respectfully submitted,



Michael B. Fein
Registration No. 25,333

Enclosure: Form PTO/SB/44 (in duplicate)

Dated: 11/26/07

Cozen O'Connor, P.C.
1900 Market Street
Philadelphia, PA 19103
(215) 665-4622
(215) 665-2100

UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF CORRECTION

PATENT NO : 7,156,774 B2

Page 1 of 1

APPLICATION NO. : 10/517,578

ISSUE DATE : January 2, 2007

INVENTOR(S) : Naresh Kumar Mohindra

It is certified that errors appears in the above-identified patent and that said Letters Patent are hereby corrected as shown below:

On the first page, in the ABSTRACT, the 6th line, "i) a first layer (2) formed a durable, resilient, elastomeric" should read - - i) a first layer (2) formed of a durable, resilient, elastomeric - -

Column 7, line 44, "i) a first layer formed a durable, resilient, elastomeric" should read - - i) a first layer formed of a durable, resilient, elastomeric - -

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Michael B. Fein, Esq.
Cozen O'Connor, P.C.
1900 Market Street
Philadelphia, PA 19103

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEB 1 2007